

Emerging Health Policy Research Conference 2010

Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s): Angela Beaton*, Tim Usherwood, Stephen Leeder and Lesley Russell

Short Biography of presenter(s) (maximum 50 words): Angela Beaton is a Research Fellow at the Menzies Centre for Health Policy, University of Sydney. Dr Beaton has an interest in primary health care and she is a regular contributor to *Australian Doctor*. Her work is focused on improving outcomes for people with chronic illness.

Presentation Details

Presentation Title (up to 10 Words): Death: No co-payment required.

Keywords: (up to 5 to assist organisers in streaming papers): prescription medicines, general practice, medicines policy, access

Research Details (250 word limit)

Background: Although the overall health of the Australian population compares well with that in many countries, there are substantial differences in health status between population groups. Compared with those who have social and economic advantages, disadvantaged Australians are more likely to have shorter lives, higher levels of disease risk factors and lower overall health status.

Research Question: What is the impact of the costs of medicines and specialist referrals on the health of patients in western Sydney, based on the perceptions of their general practitioners (GPs)?

Methodology: Cross-sectional survey of 634 GPs practising within the WentWest Division of General Practice and Blue Mountains GP Network areas.

Findings: Of the 134 responses received (21% response rate), 82 (61%) GPs estimated that, for patients experiencing economic hardship, at least some had deterioration in health; and 58 (43%) GPs estimated that at least some had been admitted to hospital, as a consequence of failure because of cost to take their medicines as prescribed. Nine (7%) GPs linked the failure to afford prescription medicines to the death of a patient. Thematic analysis revealed that the GPs perceived access to prescription medicines and specialist care to be limiting factors to health care, particularly for those people experiencing economic hardship.

Policy Implications*:** Acknowledging the limitations of the study, the findings underscore the need to address cost barriers to prescription medicines and to consider the impact of other access barriers like the out-of-pocket costs of specialist care on health, illness management and hospitalisation rates.

*****All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.**

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Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Maria Gomez* and Ruth Colagiuri

Presenter(s) institution/organisation, address, email, and telephone:

Research Officer

Health and Sustainability Unit, Menzies Centre for Health Policy, The University of Sydney

maria.gomez@sydney.edu.au

9351 3043

Short Biography of presenter(s) (maximum 50 words):

Maria is a full time Research and Project Officer at Health and Sustainability Unit, Menzies Centre for Health Policy and works across a number of projects related to her main research interests which include primary prevention and the evidence base for intervening in chronic diseases.

Presentation Details

Presentation Title (up to 10 Words):

Do Socioeconomic Factors Influence Supermarket Content and Shoppers' Purchases?

Keywords: (up to 5 to assist organisers in streaming papers):

socio-economic status, supermarkets, food selection, food policy

Research Details (250 word limit)

Introduction/Background:

There is a wealth of evidence demonstrating that individuals who are socially disadvantaged are at increased risk of having unhealthy diets and associated morbidity but relatively little research on supermarket content and food purchasing in low vs high SES areas.

Research Question:

Do Socioeconomic Factors Influence Supermarket Content and Shopper's Purchases?

Methodology:

We estimated the proportion of supermarket shelf space dedicated to non-core foods in nine supermarkets (in 5 high and 4 low SES areas selected by SEIFA score) in metropolitan Sydney and analysed 204 shoppers' dockets (102 from high and 102 from low SES areas) for purchases of confectionary; sugar sweetened, carbonated beverages; sweet biscuits and cakes; and crisps and popcorn.

Findings:

Overall low SES shoppers purchased more non-core foods than high SES shoppers ($p=0.002$). The difference was significant for sugar sweetened, carbonated beverages ($p=0.02$) and chips ($p=0.01$) and, although not significantly different was increased for confectionary, cakes and biscuits despite no difference being found in supermarket shelf space dedicated to non-core foods, or between non-core foods purchased and the proportion of shelf space occupied by them in either low or high SES areas.

A subsequent qualitative enquiry revealed a number of practical reasons why low SES shoppers tend to purchase more non-core foods.

Policy Implications:

These results pose significant policy challenges for a) public health including finding productive ways of working with the food industry and low SES groups and b) for supermarkets to develop practical strategies to promote healthy foods.

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Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

*Gregory Taylor BSc Grad Dip Chiro MSc Chiro (Paed)

Presenter(s) institution/organisation, address, email, and telephone:

Presenter's contact details:

Greg Taylor

4b/34 MacMahon St Hurstville NSW 2220

Email: gregtaylorchiro@hotmail.com

Phone: 02 95795166

Hands On Health Australia contact details:

PO Box 1266

Lalor Victoria 3075

Email: administrator@handsonhealth.com.au

Phone: 61 3 9465 8149

Fax: 61 3 9465 4614

Short Biography of presenter(s) (maximum 50 words):

Greg is a chiropractor in Sydney and is also President of Hands On Health Australia, which is an organisation of volunteer therapists throughout Australia with affiliate clinics in the Philippines, East Timor and India. He runs three volunteer chiropractic clinics in of Sydney and regularly visits the clinics in the Philippines

Presentation Details

Presentation Title (up to 10 Words):

The prevalence of musculoskeletal conditions, pain and disability in children living in disadvantaged communities in the Philippines.

Keywords: (up to 5 to assist organisers in streaming papers):

musculoskeletal, disadvantaged, Manila, children, adults, chronicity, chiropractic

Research Details (250 word limit)

Introduction/Background:

Little is known about the prevalence of musculoskeletal conditions and associated, pain and disability experienced by children in developing countries as well as the extent of these conditions in the adult population. This study attempts to ascertain the extent and significance of musculoskeletal conditions of children in disadvantaged Filipino communities in squatter settlements in Manila and to compare these findings to the musculoskeletal conditions of their parents, teachers and relatives. It also attempts to measure the short-term effectiveness of chiropractic care in addressing the associated pain and disability of these conditions given that it is thought that painful and disabling musculoskeletal conditions are highly prevalent in the Philippines.

Research Question:

The prevalence of musculoskeletal conditions, associated pain and disability in children living in disadvantaged communities in Manila, Philippines, and the effect of chiropractic care on these conditions?

Methodology:

The Manila study was conducted in January 2009. A cross-sectional research design was used using a convenience sample of participants attending voluntary health clinics. The standardized Kempsey Survey was used as a measure of any changes to pain and disability scores following chiropractic treatment.

Findings:

The study shows that children and adults living in disadvantaged communities in Manila experience highly prevalent acute and chronic musculoskeletal conditions which are frequently associated with significant levels of disability that respond well to chiropractic care. The comparative data between children and adults was important because it may give an indication of children's musculoskeletal health prognosis in years to come unless appropriate preventative and management interventions are implemented to help address the high burden of musculoskeletal illness endured by these communities.

Policy Implications*:**

Musculo-skeletal conditions cause significant pain and disability in a community that is often dependent on heavy, repetitive working conditions. There is some limited evidence to suggest that chiropractic treatment can help to manage the pain and disability associated with these conditions. Further research into the prevalence of these conditions and their response to chiropractic treatment among children in disadvantaged communities throughout South-East Asia, may help in the prevention and management of these conditions as well as to minimise the risk of progressing to a chronic state.

Implementation of a sustainable, long-term chiropractic programme supported by evidence of efficacy may help reduce the burden of musculo-skeletal conditions in disadvantaged communities throughout South-East Asia and potentially other marginalised communities.

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Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Raja Ajmal Jahangeer*

Presenter(s) institution/organisation, address, email, and telephone:

Australian Centre for Economic Research on Health (ACERH) - The Australian National University (ANU),
Canberra- Australia

Email: raja.jahangeer@anu.edu.au

Ph: +61 2 6125 2830

Short Biography of presenter(s) (maximum 50 words):

Raja Ajmal Jahangeer is PhD student at ACERH-ANU. His research focuses on socioeconomic inequalities in health, health service utilization and impact of diseases on households in Pakistan. Before joining ANU, he has worked at Pakistan Institute of Development Economics (PIDE), Islamabad-Pakistan and ICDDR,B:Centre for Health & Population Research, Dhaka- Bangladesh.

Presentation Details

Presentation Title (up to 10 Words):

Socioeconomic inequalities in early childhood malnutrition in Pakistan

Keywords: (up to 5 to assist organisers in streaming papers):

Health inequality, child malnutrition, Pakistan

Research Details (250 word limit)

Introduction/Background:

High prevalence of malnutrition and inequalities in health are among the major public health concerns in developing countries including Pakistan. Health indicators have improved over the past two decades but health inequalities still widespread in Pakistan.

Research Question:

This analysis investigates how socioeconomic inequalities are associated with early childhood malnutrition.

Methodology:

The study uses data from Pakistan Socioeconomic Survey (PSES) - a nationally representative household survey and analysis is based on 2873 children aged 0–59 months.

Household economic status was measured by wealth index based on ownership of durable assets and housing conditions. Using the 2006 WHO growth standard, a child was classified as stunted if his or her height-for-age z-score was more than two standard deviations below the reference median.

Findings:

Overall, 54 percent under five children were stunted- 57.4 percent in rural areas compared to 46.9 percent in urban area. Using logit regression technique, multivariate analyses demonstrate that household socioeconomic status has significant association with child's nutritional status. Children living in poorest households are significantly ($p < 0.05$) more likely to be stunted compared to children living in richest households controlling for other factors such as child's age and gender, religion, immunization status, parental education and employment, household size and region. Child gender, age, maternal education, religion and region are also significantly associated ($p < 0.05$) with child's nutritional status.

Policy Implications*:**

Widespread socioeconomic inequalities exist in early childhood malnutrition. Targeted development policies and programs need to be instituted that ensure improvement in maternal education, household economic position and reducing the regional disparities in early childhood malnutrition.

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Abstract Submission

Presenter(s) Details

Name of Author(s) – asterisk the presenting author(s):

Yun-Hee Jeon, **Beverley Essue***, Stephen Jan, Robert Wells, Judith A Whitworth and the SCIPPS team

Presenter(s) institution/organisation, address, email, and telephone:

The George Institute for International Health; Menzies Centre for Health Policy

PO Box M201 Missenden Road, NSW 2050

beverley.essue@sydney.edu.au

(02) 9993 4562

Short Biography of presenter(s) (maximum 50 words):

Beverley Essue is a PhD candidate at the George Institute for International Health and University of Sydney. Her project investigates the economic impact of illness and its implications for health and social policy development. Her current research focuses on the policy supports required to manage well with chronic illness, including those related to informal carers and economic hardship. Beverley is also an Associate Lecturer in the Health Policy Graduate program.

Presentation Details

Presentation Title (up to 10 Words):

Economic hardship associated with managing chronic illness: a qualitative inquiry

Keywords: (up to 5 to assist organisers in streaming papers):

Economic hardship, chronic illness, health policy, social policy, qualitative research

Research Details (250 word limit)

Background

Chronic illness and disability can have damaging, even catastrophic, socioeconomic effects on individuals and their households. This paper reports the qualitative findings on the economic impact of chronic illness, as found in the Serious and Continuing Illness Policy and Practice Study.

Methods

Interviews with patients between 45 and 85 years who had one or more of the index conditions and family carers from the ACT and Western Sydney, Australia (n = 66). Content analysis guided the interpretation of data.

Results

The affordability of medical treatments and care required to manage illness were identified as the key aspects of economic hardship, which compromised patients' capacity to proactively engage in self-management and risk reduction behaviours. Factors exacerbating hardship included ineligibility for government support, co-morbidity, health service flexibility, and health literacy. Participants who were on multiple medications, from culturally and linguistically diverse or Indigenous backgrounds, and/or not in paid employment, experienced economic hardship more harshly and their management of chronic illness was jeopardised as a consequence. Economic hardship was felt among not only those ineligible for government financial supports but also those receiving subsidies that were insufficient to meet the costs of managing long-term illness over and above necessary daily living expenses.

Policy Implications

This research provides insights into the economic stressors associated with managing chronic illness, demonstrating that economic hardship requires households to make difficult decisions between care and basic living expenses. These decisions may cause less than optimal health outcomes and increased costs to the health system. The findings support the need for a critical analysis of health and social welfare policies to identify cross-sectoral strategies to alleviate such hardship and improve the affordability of managing chronic conditions.